

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN3915AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/06/2010
NAME OF PROVIDER OR SUPPLIER CENTURY HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SWEETGRASS LANE RENO, NV 89523		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12/6/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed. The facility received a grade of A. The following deficiencies were identified:	Y 000		
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.	Y 878		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 878	Continued From page 1 This Regulation is not met as evidenced by: Based on observation, interview and record review on 12/6/10, the facility would be unable to administer as needed (PRN) medications as prescribed for 2 of 5 residents because their PRN medications were not available in the facility (Resident #1 - Hydrocortizone cream, 1%, and Resident #2 - Tylenol, 325mg). Severity: 2 Scope: 2	Y 878			
Y 879 SS=D	449.2742(6)(a)(2) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (2) Indicate on the container of the medication that a change has occurred. This Regulation is not met as evidenced by: Based on record review and interview on 12/6/10, the facility failed to indicate on the container of the medication that a physician's order has been changed for 1 of 5 residents (Resident # 5 - Metoprolol Succ, 50 mg).	Y 879			

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Y 879	Continued From page 2 Severity: 2 Scope: 1	Y 879			
Y 895 SS=C	<p>449.2744(1)(b)(1) Medication / MAR</p> <p>NAC 449.2744</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:</p> <p>(b) A record of the medication administered to each resident. The record must include:</p> <p>(1) The type of medication administered;</p> <p>(2) The date and time that the medication was administered;</p> <p>(3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and</p> <p>(4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review on 12/6/10, the facility failed to ensure the medication administration record (MAR) was accurate for 3 of 5 residents (Resident #1 - Warfarin, 3mg, Resident #4 - Tylenol, 325mg, and Resident #5 - Clonazepam, 0.5mg).</p> <p>Severity: 1 Scope: 3</p>	Y 895			

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Y1001 SS=E	<p>449.2758(1) Training Req-Elderly Disabled</p> <p>NAC 449.2758</p> <p>1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents.</p> <p>2. As used in this section, " residential facility for elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities.</p> <p>This Regulation is not met as evidenced by: Based on record review on 12/6/10, the facility failed to ensure that a minimum of 4 hours of training related to the care of elderly and disabled residents was received within 60 days of hire by 1 of 3 employees (Employee #1).</p> <p>Severity: 2 Scope: 2</p>	Y1001			

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